


**A Closer Look at the Measures
for Collection CY 2015**

Wednesday, October 29, 2014
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2 p.m. ET



Learning Objective

To understand the updates to the IPFQR Program for FY 2017 payment determination, with data collection starting in January 2015.

Proposed changes include:

- Specification updates
- New measures
- Population and sampling
- Submission of non-measure data

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Acronyms

- APU - Annual payment update
- CY - Calendar year (equates to measure reporting period)
- EHR - Electronic health record
- Federal FY - Fiscal year (equates to payment year, begins October 1)
- IPF - Inpatient psychiatric facility
- IPFQR - Inpatient Psychiatric Facilities Quality Reporting
- ONC - Office of the National Coordinator for Health Information Technology

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Agenda

- Review of FY 2016 requirements
- Updates to current measures with an introduction to FY 2017 measures
- Submission of non-measure data
- Questions and answers

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FY 2016 Requirements

Measure ID	Measure Description	Measure Reporting Period	Data Submission Period
HBIPS-2	Hours of Physical Restraint Use	1Q 2014 through 4Q 2014	July 1 through August 15, 2015
HBIPS-3	Hours of Seclusion Use	1Q 2014 through 4Q 2014	July 1 through August 15, 2015
HBIPS-4	Patients Discharged on Multiple Antipsychotic Medications	1Q 2014 through 4Q 2014	July 1 through August 15, 2015
HBIPS-5	Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	1Q2014 through 4Q 2014	July 1 through August 15, 2015
HBIPS-6	Post-Discharge Continuing Care Plan	1Q 2014 through 4Q 2014	July 1 through August 15, 2015
HBIPS-7	Post-Discharge Continuing Care Plan Transmitted to Next Level of Care Provider Upon Discharge	1Q 2014 through 4Q 2014	July 1 through August 15, 2015

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FY 2016 Requirements (cont.)

Measure ID	Measure Description	Measure Reporting Period	Data Submission Period
SUB-1	Alcohol Use Screening	1Q 2014 through 4Q 2014	July 1 through August 15, 2015
FUH	Follow-Up After Hospitalization for Mental Illness	June 1, 2013 through July 31, 2014	Claims-based only
N/A	Assessment of Patient Experience of Care	1Q 2014 through 4Q 2014	July 1 through August 15, 2015
N/A	Use of an Electronic Health Record	1Q 2014 through 4Q 2014	July 1 through August 15, 2015

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Assessment of Patient Experience of Care

- Measure determines whether the IPF administers a detailed assessment of patient experience of care using a standardized collection protocol and a structured instrument
- If yes, enter the name of the survey administered

NOTE: At this time, no specific survey is being recommended.

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Use of Electronic Health Record

Select which statement best describes the facility's highest level typical use of EHR:

- a) The facility most commonly used paper documents or other forms of information exchange (for example, email) not involving the transfer of health information using EHR technology at times of transitions in care.
- b) The facility most commonly exchanged health information using non-certified EHR technology (that is, not certified under the ONC HIT Certification Program) at times of transitions in care.
- c) The facility most commonly exchanged health information using certified EHR technology (certified under the ONC HIT Certification Program) at times of transitions in care.

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Use of Electronic Health Record

The measure will also ask IPFs to indicate whether transfers of health information at times of transitions in care included the exchange of interoperable health information with a health information service provider (HISP).

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FY 2017 Requirements

Measure ID	Measure Description	Measure Reporting Period	Data Submission Period
HBIPS-2-7	Descriptions above	1Q 2015 through 4Q 2015	July 1 through August 15, 2016
SUB-1	Alcohol Use Screening	1Q 2015 through 4Q 2015	July 1 through August 15, 2016
FUH	Follow-Up After Hospitalization for Mental Illness	June 1, 2014 through July 31, 2015	Claims-based only
IMM-2	Influenza Immunization	4Q 2015 through 1Q 2016	July 1 through August 15, 2016
HCP Vaccination	Influenza Vaccination Coverage Among Healthcare Personnel	4Q 2015 through 1Q 2016	Entered into NHSN prior to May 15, 2016

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FY 2017 Requirements (cont.)

Measure ID	Measure Description	Measure Reporting Period	Data Submission Period
TOB-1	Tobacco Use Screening	1Q 2015 through 4Q 2015	July 1 through August 15, 2016
TOB-2	Tobacco Use Treatment Provided or Offered	1Q 2015 through 4Q 2015	July 1 through August 15, 2016
TOB-2a	Tobacco Use Treatment Provided	1Q 2015 through 4Q 2015	July 1 through August 15, 2016
N/A	Assessment of Patient Experience of Care	1Q 2015 through 4Q 2015	July 1 through August 15, 2016
N/A	Use of an Electronic Health Record	1Q 2015 through 4Q 2015	July 1 through August 15, 2016

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Updates

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Updates to Current Measures

- **HBIPS-2: Physical Restraint**
- **HBIPS-3: Seclusion**
- **HBIPS-4: Multiple Antipsychotic Medications at Discharge**
- **HBIPS-5: Multiple Antipsychotic Medications at Discharge with Appropriate Justification**
- **HBIPS-6: Post-Discharge Continuing Care Plan**
- **HBIPS-7: Post-Discharge Continuing Care Plan Transmitted**
- **SUB-1: Alcohol Use Screening**

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Updates to HBIPS-4, -5

HBIPS-4: Patients Discharged on Multiple Psychotic Medications

- Included Populations: Principal or Other Diagnosis Codes for Mental Disorders discharged on one or more routinely scheduled antipsychotic medication (**Appendix C**)
- Denominator Exclusion Added: Residence outside US after discharge
- NQF Endorsed banner removed

HBIPS-5: Patients Discharged on Multiple Psychotic Medications with Appropriate Justification

- Denominator Exclusion Added: Residence outside US after discharge

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Updates to HBIPS-6, -7 (cont.)

HBIPS-6: Post-Discharge Continuing Care Plan

- Denominator Exclusions Added
 - Readmission within five days after discharge
 - Residence outside US after discharge

HBIPS-7: Post-Discharge Continuing Care Plan Transmitted to the Next Level of Care Provider upon Discharge

- Denominator Exclusions Added
 - Readmission within five days after discharge
 - Residence outside US after discharge

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Updates to Data Elements

- *Patient Referral to Next Level of Care Provider (HBIPS-4 through -7)*
- *Number of Antipsychotic Meds Prescribed at Discharge (HBIPS-4, -5)*
- *Continuing Care Plan-Discharge Medications (HBIPS-6, -7)*
- *Continuing Care Plan-Next Level of Care (HBIPS-6, -7)*
- *Event Date (HBIPS-2, -3)*

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Patient Referral to Next Level of Care Provider (HBIPS-4 through -7)

“Gatekeeper” for HBIPS-4 through -7

- Allowable value 3 excludes case from HBIPS-4, -5.
- Allowable value 2 or 3 excludes case from HBIPS-6, -7.
- Referral to support groups, e.g., Alcoholics Anonymous (AA), Narcotics Anonymous (NA) are NOT next level of care providers.

NOTE: When allowable value 2 or 3 is selected, creation and transmission of a continuing care plan (CCP) is **not** required.

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Patient Referral to Next Level of Care Provider (HBIPS-4 through -7)

- Allowable Value 2:
Add - Readmission within five days after discharge
- Allowable Value 3:
Add - Residence outside US after discharge
- Notes for Abstraction:
Add - A referral to attend support groups, AA, NA, etc. after discharge is not a referral to a next level of care provider. A referral to support groups is a next level of care recommendation.

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Number of Antipsychotic Medications Prescribed at Discharge (HBIPS-4, -5)

Notes for Abstraction:

Add

- ALL antipsychotics should be counted regardless of the reason for prescribing
- New Data Sources: pharmacy reports and clinical information systems
- All references to Appendix "B" changed to Appendix "C"

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Continuing Care Plan-Discharge Medications (HBIPS-6, -7)

- All medications must contain the name, dosage, and **indication** (not a classification, but a reason for prescribing).
- If there is more than one medication list in the CCP and the lists do not match, select allowable value "3."

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Continuing Care Plan-Next Level of Care (HBIPS-6, -7)

- Under Inclusions, change "Axis III" to "medical follow-up."

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Event Date (HBIPS-2-3)

Notes for Abstraction:

Add

- Documentation requirements for “events” beginning and ending after midnight: both dates must be documented.

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Updates to SUB-1

SUB-1 – Alcohol Use Screening

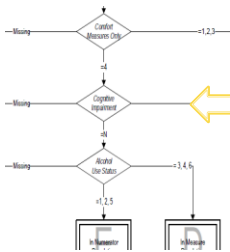
- Denominator Data Elements Changes
 - **Remove:** Cognitive Impairment
 - **Add:** Allowable Value to *Alcohol Use Status*

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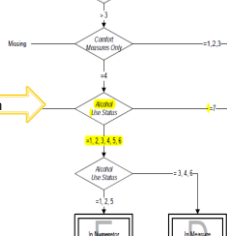
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SUB-1 Algorithm Change

2014 Manual



2015 Manual



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Updates to Data Element Alcohol Use Status (SUB-1)

Allowable Values:

Add

- #7- No screen performed within three days—patient is cognitively impaired

Notes for Abstraction:

Add

- All descriptions and examples of cognitive impairment from original data element

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New Measures

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New Measures

- TOB-1: Tobacco Use Screening
- TOB-2: Tobacco Use Treatment Provided or Offered
 - TOB-2a: Tobacco Use Treatment
- IMM-2: Influenza Immunization
- Influenza Vaccination Coverage Among Healthcare Personnel

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TOB-1: Tobacco Use Screening

Description: Hospitalized patients who are screened within the first three days of admission for tobacco use (cigarettes, smokeless tobacco, pipe, and cigars) within the past 30 days

Numerator: The number of patients who were screened for tobacco use status within the first three days of admission

Denominator: The number of hospitalized inpatients 18 years of age and older

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TOB-1: Tobacco Use Screening (cont.)

Excluded Populations:

- Patients less than 18 years of age
- Patients who are cognitively impaired
- Patients who have a duration of stay less than or equal to three days or greater than 120 days
- Patients with Comfort Measures Only documented

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Primary Data Element: Tobacco Use Status (TOB-1)

Definition: Documentation of the adult patient's tobacco use status within the past 30 days prior to the day of hospital admission; tobacco use includes all forms of tobacco including cigarettes, smokeless tobacco products, pipes, and cigars. A tobacco use screen should identify the type of tobacco product used, the volume used, and the time frame of use.

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Primary Data Element: Tobacco Use Status (TOB-1)

Allowable Values:

- 1- The patient has smoked cigarettes daily on average in a volume of five or more cigarettes ($\geq 1/4$ pack) per day and/or cigars daily and/or pipes daily during the past 30 days.
- 2- The patient has smoked cigarettes daily on average in a volume of four or less cigarettes ($< 1/4$ pack) per day and/or used smokeless tobacco and/or smoked cigarettes but not daily and/or cigars but not daily and/or pipes but not daily during the past 30 days.
- 3- The patient has not used any forms of tobacco in the past 30 days.
- 4- The patient refused the tobacco use screen.
- 5- The patient was not screened for tobacco use during this hospitalization or unable to determine the patient's tobacco use status from medical record documentation.
- 6- The patient was not screened for tobacco use during the first three days of admission because of cognitive impairment.

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Primary Data Element: Tobacco Use Status (TOB-1)

Inclusions

- Chewing (spit) tobacco
- Dry snuff
- Moist snuff
- Plug tobacco
- Redman
- Smokeless tobacco
- Snus
- Twist

Exclusions

- E-cigarettes
- Hookah pipe
- Illegal drug use only (e.g., marijuana)

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TOB-2: Tobacco Use Treatment Provided or Offered

Description: Patients identified as tobacco product users within the past 30 days who receive or refuse practical counseling to quit AND receive or refuse FDA-approved cessation medications during the first three days after admission

Numerator: The number of patients who received or refused practical counseling to quit AND received or refused FDA-approved cessation medications during the first three days after admission

Denominator: The number of hospitalized inpatients 18 years of age and older identified as current tobacco users

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TOB-2: Tobacco Use Treatment Provided or Offered (cont.)

Excluded Populations:

- Patients less than 18 years of age
- Patients who are cognitively impaired
- Patients who are not current tobacco users
- Patients who refused or were not screened for tobacco use during the hospital stay
- Patients who have a duration of stay less than or equal to three days or greater than 120 days
- Patients with Comfort Measures Only documented

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TOB-2a: Tobacco Use Treatment

Description: Patients who received counseling AND medication as well as those who received counseling and had a reason for not receiving the medication during the first three days after admission

Numerator: The number of patients who received or refused practical counseling to quit AND received or refused FDA-approved cessation medications during the first three days after admission

Denominator: The number of hospitalized inpatients 18 years of age and older identified as current tobacco users

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TOB-2a: Tobacco Use Treatment (cont.)

Excluded Populations:

- Patients less than 18 years of age
- Patients who are cognitively impaired
- Patients who are not current tobacco users
- Patients who refused or were not screened for tobacco use during the hospital stay
- Patients who have a duration of stay less than or equal to three days or greater than 120 days
- Patients with Comfort Measures Only documented

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Difference Between TOB-2 and TOB-2a

TOB-2 includes all patients who were offered and received **OR** offered and refused cessation medication (if indicated) and practical counseling.

TOB-2a includes only those patients who were offered and **actually received** the cessation medication (if indicated) and the practical counseling.

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Primary Data Element: Tobacco Use Treatment FDA-Approved Cessation Medication (TOB-2, -2a)

Allowable Values:

- 1- The patient received one of the FDA-approved tobacco cessation medications during the first three days after admission.
- 2- The patient refused the FDA-approved tobacco cessation medications during the first three days after admission.
- 3- FDA-approved tobacco cessation medications were not offered to the patient during the first three days after admission or unable to determine from medical record documentation.

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Primary Data Element: Tobacco Use Treatment Practical Counseling (TOB-2, -2a)

Allowable Values:

- 1- The patient received all components of practical counseling during the first three days after admission.
- 2- The patient refused/declined practical counseling during the first three days after admission.
- 3- Practical counseling was not offered to the patient during the first three days after admission or unable to determine if tobacco use treatment was provided from medical record documentation.

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**Primary Data Element:
Reason for No Tobacco Cessation Medication
During the Hospital Stay (TOB-2, -2a)**

Definition: Reasons for not administering an FDA-approved tobacco cessation medication documented during the first three days of admission include:

- Allergy to all of the FDA-approved tobacco cessation medications.
- Drug interaction (for all of the FDA-approved medications) with other drugs the patient is currently taking.
- Other reasons documented by physician, advanced practice nurse (APN), physician assistant (PA), or pharmacist.

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IMM-2: Influenza Immunization

Description: This prevention measure addresses acute care hospitalized inpatients age six months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated.

Numerator: Inpatient discharges who were screened for Influenza vaccine status and were vaccinated prior to discharge if indicated

Denominator: Acute care hospitalized inpatients age six months and older discharged during October, November, December, January, February, or March

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IMM-2: Influenza Immunization

Excluded Populations:

- Patients less than six months of age
- Patients who expire prior to hospital discharge
- Patients with an organ transplant during the current hospitalization (Appendix A, Table 12.10)
- Patients for whom vaccination was indicated, but supply had not been received by the hospital due to problems with vaccine production or distribution
- Patients who have a Length of Stay greater than 120 days
- Patients who are transferred or discharged to another acute care hospital

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Primary Data Element: Influenza Vaccination Status (IMM-2)

Allowable Values:

- 1- Influenza vaccine was given during this hospitalization.
- 2- Influenza vaccine was received prior to admission during the current flu season, not during this hospitalization.
- 3- Documentation of patient's or caregiver's refusal of influenza vaccine.
- 4- There was documentation of an allergy/sensitivity to influenza vaccine, anaphylactic latex allergy or anaphylactic allergy to eggs OR is not likely to be effective because of bone marrow transplant within the past six months OR history of Guillain-Barré syndrome within six weeks after a previous influenza vaccination.
- 5- None of the above/Not documented/Unable to determine from medical record documentation.
- 6- Only select this allowable value if there is documentation the vaccine has been ordered but has not yet been received by the hospital due to problems with vaccine production or distribution AND allowable values 1-5 are not selected.

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Influenza Vaccination Coverage Among Health Care Personnel (HCP)

The HCP Influenza Vaccination measure is designed to ensure that reported HCP influenza vaccination percentages are consistent over time within a single healthcare facility and comparable across facilities.

Data are entered in the Centers for Disease Control and Prevention's (CDC's) National Healthcare Safety Network (www.cdc.gov/nhsn/).

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Influenza Vaccination Coverage Among Healthcare Personnel (HCP)

Numerator: Includes health care personnel who from October 1 to March 31 of the reporting period:

- a. Received an influenza vaccination administered at the health care facility, or reported in writing or provided documentation that influenza vaccination was received elsewhere;
- b. Were determined to have a medical contraindication/condition of severe allergic reaction to eggs or to other components of the vaccine, or history of Guillain-Barré syndrome within six weeks after a previous influenza vaccination;
- c. Declined influenza vaccination; or
- d. Had an unknown vaccination status or did not otherwise fall under any of the above mentioned numerator categories.

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Influenza Vaccination Coverage Among Healthcare Personnel (HCP)

Denominator: The number of healthcare personnel working in the facility for at least **one** working day between October 1 and March 31 of the reporting year, regardless of patient contact, clinical responsibility, and is calculated separately for employees, licensed independent practitioners, and adult students/trainees and volunteers.

There are **no excluded populations/persons** for this measure.

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Submission of Non-Measure Data

- Medicare and Non-Medicare payers
- Age Group
- Diagnostic Group
- Quarter
- Population and Sampling Size

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Age Group Strata

- Overall rate
- Children 1-12 years
- Adolescent 13-17 years
- Adult 18-64 years
- Older Adult ≥ 65 years

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Diagnostic Groups

- Currently under refinement
- Tool will be posted once data groups further defined

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Population and Sampling HBIPS

**HBIPS-4 through HBIPS-7 Population and Sampling
(The Joint Commission Specifications Manual v 2015A)**

HBIPS Average Monthly Stratum Initial Patient Population Size "N"	HBIPS Minimum Required Stratum Sample Size "n"	HBIPS Average Quarterly Stratum Initial Population "N"	HBIPS Minimum Required Stratum Sample Size "n"
>295	60	>877	176
76-295	20%	221-877	20%
15-75	15	44-220	44
<15	100%	<44	100%

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Population and Sampling SUB, TOB, IMM

**IPFQR Population and Sampling
(IQR Specifications Manual v 4.4)**

Monthly Sample Size SUB-1, TOB, and IMM-2		Quarterly Sample Size SUB-1, TOB, and IMM-2	
Average Monthly Initial Patient Population "N"	Minimum Required Sample Size "n"	Average Quarterly Initial Patient Population "N"	Minimum Required Sample Size "n"
≥510	102	≥1,530	306
255-509	20%	765-1,529	20%
51-254	51	153-764	153
<51	No sampling; 100% Initial Patient Population	6-152	No sampling; 100%
N/A	N/A	0-5	Facilities may submit actual values or zero during the submission period

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Links

- Specifications Manual for National Hospital Inpatient Quality Measures (SUB, TOB, IMM)
www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1141662756099
- The Joint Commission Specifications Manual (HBIPS)
<https://manual.jointcommission.org/releases/TJC2015A/>

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Links

- ONC Certification Program
<http://healthit.gov/policy-researchers-implementers/about-onc-hit-certification-program>
- Interoperability information from ONC
<http://healthit.gov/policy-researchers-implementers/interoperability-portfolio>
- List of validated screening tools for SUB-1
www.niaaa.nih.gov/

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Links

- FAQs for Healthcare Personnel Influenza Vaccination Measure
www.cdc.gov/nhsn/faqs/FAQ-Influenza-Vaccination-Summary-Reporting.html
- Submit a Question to a Subject Matter Expert
<https://cms-ip.custhelp.com/app/home4/session/L3RpbWUvMTQxMjc4NzU4Ni9zaWQvSFpDeEttNG0%3D>

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Continuing Education Approval

- This program has been approved for 1.0 continuing education (CE) unit given by CE Provider #50-747 for the following professions:
 - Florida Board of Nursing
 - Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling
 - Florida Board of Nursing Home Administrators
 - Florida Council of Dietetics
 - Florida Board of Pharmacy
- Professionals licensed in other states will receive a Certificate of Completion to submit to their licensing Boards.

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CE Credit Process

- Complete the WebEx survey you will receive by e-mail within the next 48 hours.
- You will be asked to log in or register to access your personal account in the Learning Management Center.
 - A one-time registration process is required.
- Additional details are available at: www.oqrsupport.com/hospitaloqr/education_continuing.

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Questions?



Thank You For Participating!

Please contact the IPFQR Support Contractor if you have any questions:

Submit questions online to
IPFQualityReporting@hcqis.org

Or

Call the IPFQR Support Contractor
at 844-472-4477 or 866-800-8765

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